



Youth in Transition in the Mental Health System

Introductory Note

- Before we start, we need to clarify a few things.
- The bulk of this presentation comes directly from Section 17 of the MaineCare Manual. There are terms that are no longer in use. Mental Retardation, for example, is now more appropriately called Intellectual Disabilities.
- Section 17 is being re-written this year, some of the emphases in the information are subject to change.
- The diagnoses within this section are based on the DSM IV. DSM V changes are being mapped out now and will make a difference in the definition of these services.

A Guide to Assist Youth in Transition to Adult Mental Health Services

- The following is a guide for people working in the children's mental health system or the child welfare system to assist them in planning for their youth and accessing services in the adult mental health system. To assist the case manager, DHHS phone numbers will be in a table at the end.

What Do You Do on the Children's Side?

- When a child reaches 17, to assure an appropriate transition, your OCFS supervisor and the Mental Health Program Coordinator should be informed of the child with appropriate contact information and he/she will notify the appropriate adult services contact within the department.

Case Management in Adult Mental Health

- Adult Mental Health does not have state case managers ready to put children in services as they become adults! So whom do you contact?

We Don't Even Call Them Case Managers

- The key service for young people transitioning to adult mental health services is case management, or as it is referred to in the adult system, community integration. Community integration is provided by a number of agencies – 72 agencies at last count, usually more than one choice in any given city or town. There is a list of agencies on the SAMHS website. You may also call a regional office of DHHS (see the table at the back) and ask for Adult Mental Health Services, or the Information and Resource Center at SAMHS central office 1-800-499-0027 and they can give you agency names and phone numbers.

Community Integration

- There are four types of Community Integration.
 - First is CI itself as above;
 - second is Assertive Community Treatment or ACT;
 - third is Community Rehabilitation Services, and
 - since April 1, 2014, Behavioral Health Home Services. More on those later.
- Community Integration while providing case management reflects a vision in its name that is to extend a consumer 's involvement in the community and ultimately recovery and independence.

Eligibility

- The key element that will establish eligibility to continuous mental health services is a comprehensive assessment/evaluation done by an independently licensed clinician that confirms an eligible diagnosis under Section 17 of the MaineCare regulations. Section 17 delineates the rules for adult mental health community support services, including community integration.
- To show eligibility the assessment/evaluation should be less than a year old and address Section 17 criteria noted below. The consumer **MUST** meet Adult Mental Health criteria.

Adult Mental Health Criteria

- The person is age eighteen (18) or older or is an emancipated minor,
AND
- has a primary diagnosis on Axis I or Axis II of the multi-axial assessment system of the current version of the Diagnostic and Statistical Manual of Mental Disorders, except that the following diagnoses may not be primary diagnoses for purposes of this eligibility requirement.

Ineligible Diagnoses

- Delirium, dementia, amnestic, and other cognitive disorders;
- Mental disorders due to a general medical condition, including neurological conditions and brain injuries;
- Substance abuse or dependence;
- Mental retardation;
- Adjustment disorders;
- V-codes; or
- Antisocial personality disorders.

Additional Clinical Justification

AND

- Has a LOCUS score, as determined by staff certified for LOCUS assessment by DHHS upon successful completion of prescribed LOCUS training, of seventeen (17) (Level III) or greater, except that to be eligible for Community Rehabilitation Services (17.04-2) and ACT (17.04-4) , the member must have a LOCUS score of twenty (20) (Level IV) or greater.

What Happens at 18? Is it a Hard and Fast Change?

- Eligible members who are eighteen (18) to twenty-one (21) years of age can elect to receive services as an adult or as a child. Those members electing services as an adult may be eligible for services under Section 17. Those electing services as a child may be eligible for services under Chapter II, Section 65A.02 or Section 13 or both.
- Adult Mental Health Services does not require application, eligibility or review prior to a certain age. People can become eligible for these services and use these services at any time after 18 years of age. Likewise as adults, people can become eligible for services regardless of their mental health status in their developmental period.

What Will Providers Need to Do?

- Verify the member's eligibility for MaineCare; and
- Determine the member's eligibility, initially and annually, for Community Support Services, and complete the appropriate verification of eligibility form provided by DHHS. The annual verification must include a recent diagnosis, completed within the past year, as documented by an appropriately licensed professional.
- But you've already done that!

How Long Can Care Last?

- Except as expressly provided in Section 17.04, a member is eligible for the covered services specified in Section 17.04 for as long as he or she meets the criteria for eligibility specified in Section 17.02, subject to prior authorization and/or utilization review.
- Any decision made by DHHS or its Authorized Agent to terminate, reduce, or suspend MaineCare services will provide the member with notice of hearing rights as described in Chapter I of the MaineCare Benefits Manual.

Community Integration

- Community integration is a case management service that has a primary goal of recovery. Similar to other case management services, community integration consists of assessment and the development of an annual plan that has a formal review every ninety days. Community integration is designed to be a face to face service in the community, though certainly there are times when office based contacts are appropriate.

Other Types of Community Integration Services

- A second type of Community Integration services is an Assertive Community Treatment (ACT) team. Not all parts of the state have them. ACT is team-based approach for providing treatment, rehabilitation and support services.
- Support frequency is dictated by the consumer's needs with staff availability 24/7. These services are available for those consumers with the highest level of acuity living in one of the communities where teams exist.
- ACT teams have a very restricted area in which they can operate due to the coverage required and the limits on staffing.

The ACT Team

ACT teams must have:

- a. a psychiatrist or an advanced practice registered nurse or a nurse practitioner with advanced training in psychiatric mental health,
- b. a registered nurse,
- c. a certified rehabilitation counselor or certified employment specialist,
- d. one full time equivalent CIPSS (certified intentional peer support specialist), and
- e. a substance abuse counselor

Teams may include:

- a. A licensed occupational therapist,
- b. An MHRT/C,
- c. A psychologist, and/or
- d. A licensed clinical social worker and/or a licensed clinical professional counselor.

Where are ACT teams?

- In Region I there are six ACT teams. The first four operate in the Portland area. Four of the six are with Maine Behavioral Healthcare (MBH).
- Two Portland ACT teams through MBH are called the ACCESS and ACTION programs. The ACCESS program combines an Assertive Community Treatment model (ACT) with Substance Abuse Treatment. The ACTION program combines ACT with a residential program thru Shalom – a prerequisite is multiple hospitalizations.
- A third ACT team in Region I is at Support and Recovery, part of Catholic Charities.
- The fourth is at the Portland Help Center (PHC), a part of Spurwink Family Services.
- The final two ACT teams in Region I are in York County thru MBH: one is in the Biddeford-Saco area, the other in Springvale - Sanford.

ACT Teams (Continued)

- In Region II there are four ACT teams.
 - One is located both in Augusta and at Waterville (at Maine General Community Services).
 - One is in Lewiston (Tri-County Mental Health).
 - In Brunswick there are actually two ACT teams (one at Sweetser and one at MBH in Brunswick).
- In Region III there is an ACT team through Community Health and Counseling (CHCS) and operates within a 15 mile radius of Bangor.

Community Rehabilitation Services – CRS

- The third level of Community Integration is Community Rehabilitation Services (CRS). Community Rehabilitation Services support the development of the necessary skills for living in the community, and promote recovery, and community inclusion. Services include individualized combinations of the following, and are delivered by a team, with primary case management for each member assigned to one team member.
 - Community Integration Services as defined in Section 17.04-1 of the MaineCare Manual
 - Daily Living Support Services as defined in Section 17.04-5 of the MaineCare Manual
 - Skills Development Services as defined in Section 17.04- 6 of the MaineCare Manual

CRS (Continued)

- Services must be available twenty-four (24) hours a day, seven (7) days a week. Staff must be at a work site twelve (12) hours per day and on call the remainder.
- A minimum of one (1) face-to-face contact per day, seven (7) days per week must be provided.
- The team providing services must be made up of MHRT/1's and MHRT/C's, delivering services within the scope of their certifications. The minimum staffing ratio for the team is one (1) staff person to six (6) members. Replacement staff and supervisors are excluded from calculation of the staffing ratio.
- CRS was developed as a step down from residential treatment. It is under study as a more available service.

Behavioral Health Homes

- Behavioral Health Homes (BHH) provide comprehensive and integrated care management and other Health Home services to adults with Serious Mental Illness (SMI) and/or co-occurring substance use disorders. A Behavioral Health Home Organization (BHHO) partners with one or more Health Home Practices (HHPs) to deliver the full spectrum of Behavioral Health Home services to individuals with significant behavioral health needs.
- The team coordinates physical and behavioral health needs via a comprehensive plan of care developed with and directed by the member. Behavioral Health Homes are not residential programs; more on residential programs later.

Behavioral Health Homes (continued)

- Required Members of the BHH team:

Nurse Care Manager - RN
LCSW Team Leader
Certified Intentional Peer Support Specialist
HH Coordinators – MHRT-C
Medical Consultant
Psychiatrist

What if a Consumer Doesn't Have MaineCare

- If the young person is clinically eligible for services and doesn't have full MaineCare, it may be possible for the young person to get some services paid by grant funds.
- Grant funds are available for
 - Community Integration
 - ACT
 - Medication Management
 - WRAP (for adults, WRAP is a fund for emergency expenses, it is very limited and its use very restricted)

What if a Young Person Really Can't Take Care of Themselves

- If the young person needs someone to continue to look out for them and protect them, as a guardian might, the part of DHHS that you need to contact is OADS, the Office of Aging and Disability Services. OADS assesses the appropriateness of guardianship and least restrictive alternatives to meet the individual's needs.
- OADS also is the office where referrals are made for young people who are referred who have developmental delays or autism.

**Office of Aging and Disability
Services**

(207) 287-9200

1-800-262-2232

Outpatient Mental Health Treatment/ Therapy, Psychiatric or Medication Management

- There are also young people who will continue to benefit from counseling or other mental health services; those are services that can be arranged as needed through local Mental Health agencies. These are section 65 services and can be applied for at most any local Mental Health Center.

Residential Services

Residential Treatment Services are a system of mental health living supports that can be provided as supervised apartments, group homes or sometimes even nursing home beds. The eligibility is based on Section 97 of the MaineCare regulations. In some areas of the state the number of beds is extremely limited, and in all areas of the state there is a priority order for filling empty beds.

1. Priority one are folks leaving Riverview PC or Dorothea Dix PC.
2. Priority two are people who are in psychiatric beds in other hospitals who cannot get out without a community PNMI. Also priority two are youth who transitioning from children's PNMI beds. And also priority two are individuals coming out of jails or prison.
3. Priority three are homeless individuals who meet criteria.
4. Priority four are all others.

Residential Services (Continued)

- On the Adult Mental Health Website there is a reference area which provides information about regional mental health agencies: who the agencies are who provide the service. Any agency that provides residential treatment can be contacted and you may request an application. There is one universal application, the same for all programs, and you may fax or email every program you think may be suitable.
- If you have a child in a group home or therapeutic foster care and you believe these residential adult services will be necessary, please begin the paper work ASAP. You can request the paperwork though the SAMHS Residential Gatekeepers at 287-6626. The website is:
<http://www.maine.gov/dhhs/mh/providers/index.html>

Bridging Rental Assistance Program (BRAP)

- Transitional Housing Subsidy for adults with mental illness
- Serves Individuals and Families
- Subsidy program helps to pay for the rent of an independent apartment
- Tenants pay 51% of gross income to rental costs

Who Can BRAP Help?

- Adults with a Severe and Disabling Mental Illness who meet Eligibility For Care Criteria for Community Support Services as defined by the Section 17.02 of the MaineCare Benefits Manual who:
 - Receive SS/DI benefits or are currently applying;
 - Have applied for a Section 8 Housing Voucher; and
 - Meet one of the BRAP's four priorities:
 1. Applicant is leaving a State Institution, or a private psychiatric hospital bed, or has been discharged within the last 6 months from any of these institutions; or

BRAP (continued)

2. Applicant is homeless as defined by the U.S. Department of Housing and Urban Development:
 - sleeping in places not meant for human habitation such as cars, parks, emergency shelters;
 - is graduating from transitional housing specifically for homeless persons;
 - is being evicted within the week from private dwelling units;
 - is a person being discharged within the week from institutions in which they have been a resident for more than 30 consecutive days; or

BRAP (continued)

3. The applicant is living in substandard housing in the community.
 - A unit is substandard if the unit:
 - does not have operable indoor plumbing,
 - does not have a useable flush toilet inside the unit,
 - does not have a useable bathtub or shower,
 - does not have electricity,
 - has been declared unfit for habitation by an agency or unit of government; or
4. Applicant is moving from community residential programs and other behavioral health facilities to more independent living arrangements.

There Are Other Housing Assistance Programs Too: Sec 8 and Shelter Plus Care

- Additional Questions?
- Contact your local BRAP or Shelter Plus Care agent for applications and more information about these programs in your area. Found online at:
<http://www.maine.gov/dhhs/samhs/mentalhealth/housing/home.html>

To see the list of contacts, go to the link shown above and click on “Local BRAP and Shelter Plus Contacts”.

- This webinar PowerPoint can be accessed online through our website here:
<http://www.maine.gov/dhhs/samhs/mentalhealth/mh-system/index.shtml>

Differences in the Adult Mental Health System:

- The Adult Mental Health consumer is more likely to receive services from several agencies, not just one agency, although there is no prohibition against getting all services through a single agency if it is equipped to provide them and the consumer wants it that way.
- There are few mental health supports that are actually provided by government employees. The principle ones are the state hospitals, Riverview and Dorothea Dix.
- Intensive Case Managers are state employees working between the corrections system and the community. ICM's provide a short term linkage, and do not provide long term support.
- If a young person is homeless, there is a statewide network of providers under the PATH program.

Youth With Co-Occurring or Substance Use Disorder

- 13 to 18, young people can be referred to adolescent treatment programs.
- Day One
 - Residential treatment facility
 - 13 beds total
 - Boy's program in Hollis, Girl's program in Buxton
 - Are dually licensed for substance abuse and mental health
 - Some co-occurring competent staff. (However, they are not able to treat severe and persistent mental health issues in this milieu.)
- Youth over 18 are eligible for adult treatment programs.
- There is no “gatekeeper” for substance abuse residential treatment. Each agency makes the determination whether an individual is appropriate for acceptance into their program.

For more information, you may certainly call the Office of Substance Abuse and Mental Health Services in your area.

Office of Adult Mental Health Numbers		
Region 1	207-822-0270	1-800-269-5208
CSN 7 – York County		
CSN 6 – Cumberland County except Brunswick and Bridgton		
Region 2	207-287-9170	1-800-675-1828
CSN 5 – Androscoggin, Franklin and Oxford Counties plus Bridgton		
CSN 4 – Sagadahoc, Lincoln, Knox and Waldo Counties plus Brunswick		
CSN 3 – Kennebec and Somerset Counties		
Region 3	207-941-4360	1-800-963-9491
CSN 2 – Penobscot, Piscataquis, Hancock and Washington Counties		
CSN 1- Aroostook County		